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## REPORT OF RECEIPTS AND DISBURSEMENTS

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Rev. 12/2004

For Other Than An Authorized Committee TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. ANS AGAINST WA DDRESS (number and street) Check if different than previously reported. (ACC) CITY A STATE A ZIP CODE **FEC IDENTIFICATION NUMBER** ▼ 3. IS THIS NEW **AMENDED** REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Feb 20 (M2) May 20 (M5) Nov 20 (M11) Aug 20 (M8) (Non-Election Year Only) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: (Non-Electic Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) Trans / 5535 in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Year Only) (MY) Runoff (30R) Special (30S) Report for the: Termination Report in the Election on State of 01 01 2014 31 2014 Covering Period through certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office